



# REGISTRATION FORM

## 1 MEMBER INFORMATION (Please type or print)

Full Name: \_\_\_\_\_  Mr.  Ms.  Mrs.  
FIRST NAME MIDDLE NAME LAST NAME

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_  Home OR  Business

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Mobile Provider: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## 2 REGISTRATION

Registration	Received	Member	Non-member
<input type="checkbox"/> Early bird	<i>Before Jul 31, 2019</i>	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
<input type="checkbox"/> Standard	<i>August 1<sup>st</sup>, 2019 to October 18, 2019</i>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
<input type="checkbox"/> On-Site	<i>After October 19, 2019</i>	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400

## 4 METHOD OF PAYMENT

Checks should be made payable to AFP. All payments must be made in US Dollars and drawn on a U.S. bank.

American Express  MasterCard  Visa  Check Enclosed

Card:

Exp. Date: \_\_\_ / \_\_\_ / \_\_\_ Security Code

Card Name: \_\_\_\_\_



Signature \_\_\_\_\_

### Three Easy Ways to Apply:

- 1) Online: [www.afppr.com](http://www.afppr.com)
- 2) Email: [afppr@gmail.com](mailto:afppr@gmail.com) (credit card payments only)
- 3) Mail: AFPPR, PO Box 363221, San Juan, PR 00936



## 5 CERTIFICATION

- Certified Treasury Professionals 
- Certified Financial Planning & Analysis Professional
-  **FP&A**
- CFA  CFP  CIC  CMA  CPA  FRM
- Other: \_\_\_\_\_

### The registration fee covers:

Participant's access to all educational sessions (CEU eligible), breakfast, lunch, coffee break, access to Booth Area, raffle, closing and networking.

### Cancellation Policy:

All cancellations must be received by e-mail. There is no refund for cancellations received after 10/18/2019. If you cannot attend the Convention, you may substitute another person from your Company.

